



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 17, 2008

James Varnadoe, Administrator
Seasons at Eagle--Seniorcare Management, LLC
815 Eagle Road
Eagle, ID 83616

License #: RC-879

Dear Mr. Varnadoe:

On February 27, 2008, a Fire Life Safety Survey was conducted at Seasons At Eagle--Seniorcare Management, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES
Health Facility Surveyor
Facility Fire Safety & Construction Program

MPG/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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March 4, 2008

James Varnadoe, Administrator
Seasons at Eagle--Seniorcare Management, LLC
815 Eagle Road
Eagle, ID 83616

Dear Mr. Varnadoe:

On February 27, 2008, a Fire Life Safety Survey was conducted at Seasons At Eagle--Seniorcare Management, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 28, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R879	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2008
NAME OF PROVIDER OR SUPPLIER SEASONS AT EAGLE-SENIORCARE MANAGEI		STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAGLE ROAD EAGLE, ID 83616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 27, 2008. The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Y01821

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name SEASONS AT EAGLE	Physical Address 815 Eagle Rd	Phone Number 939-9978
Administrator JIM VARNADOR	City Eagle	ZIP Code 83616
Survey Team Leader MARK GRIMES	Survey Type FLS	Survey Date 2-27-08

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	415.02	No current copy of Annual Fuel Fired heating System Inspection	12/5/07	mpk
	415.04	No Record available of current/Annual Smoke detection Fire Alarm Service no Test.	3-4-08	mpk
	415.03	Two Fire extinguishers; one in each Elevator Control Rm. Needs Service.	3-12-08	mpk
	402.	Smoke Compartment Doors nearest Rm 238 need adjustment to close completely to Limit Transfer of smoke.	2-29-08	mpk
	410.01	Need to provide a Formal Relocation Agreement	3-11-08	mpk
RECEIVED				
MAR 13 2008				
FACILITY STANDARDS				

Response Required Date 03-27-08	Signature of Facility Representative 	Date Signed 2-27-08
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